

| 1. ORGANIZATION | | | | | | | | | | | | | | |
|---|--------|--|------------------|--|------------------------------------|--|---------|--------|--|----|---------|--------|--|----|
| Unique Application Number (UAN) | | | | | | | | | | | | | | |
| Legal Name of Applicant | | | | | | | | | | | | | | |
| Name of Agency Contact | | | | | | | | | | | | | | |
| Agency Contact's Telephone Number | | | | | | | | | | | | | | |
| <input type="checkbox"/> Check if applying for an OV. | | <table border="1"> <thead> <tr> <th colspan="2">Amount Requested</th> <th colspan="2">%of Personnel and Fringe Requested</th> </tr> </thead> <tbody> <tr> <td>FY 2016</td> <td>\$0.00</td> <td></td> <td>0%</td> </tr> <tr> <td>FY 2017</td> <td>\$0.00</td> <td></td> <td>0%</td> </tr> </tbody> </table> | Amount Requested | | %of Personnel and Fringe Requested | | FY 2016 | \$0.00 | | 0% | FY 2017 | \$0.00 | | 0% |
| Amount Requested | | %of Personnel and Fringe Requested | | | | | | | | | | | | |
| FY 2016 | \$0.00 | | 0% | | | | | | | | | | | |
| FY 2017 | \$0.00 | | 0% | | | | | | | | | | | |

| 2. MISSION STATEMENT | |
|---|--|
| 2.1 Provide the mission statement of your organization. | |
| | |

| 3. DESCRIPTION OF THE ORGANIZATION | |
|---|--|
| 3.1 Give a description of the history of your organization including the purpose for which it was created. | |
| | |
| 3.2 Give a description of how the organization has evolved to its current structure, this may include the scope of service, geographic areas covered, staff heirarchy, legal organization, etc. | |
| | |

| 4. VICTIM SERVICES EXPERIENCE | | YEARS |
|---|--|-------|
| 4.1 How many years has the organization been providing victim-related services or assistance? | | |

6.5 Describe how the organization recruits and retains volunteers or plans to do so.

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7. COLLABORATIONS

7.1 Describe the benefits realized by victims of crime as a result of your organization's collaboration(s) with other organizations (if your organization collaborates) or through your organization alone (if your organization does not collaborate).

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7.2 If your organization collaborates, provide a list of the organizations, including the organization type (law enforcement agency, advocacy center, hospital, task force, etc.) the applicant collaborates with to serve victims of crime for the purpose of supporting or assisting in victim recovery.

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8. STATE AND FEDERAL FUNDS EXPERIENCE **YEARS**

8.1 How many years of experience does the organization have in managing state or federal grant funds?

| 9. OUTPUT TARGET CATEGORIES | Grant Funded Personnel listed in Section 10 of TAB C | | Professional/Consultant listed in Section 11 of TAB C | |
|---|--|---------|---|---------|
| | OUTPUT TARGET | | OUTPUT TARGET | |
| | FY 2016 | FY 2017 | FY 2016 | FY 2017 |
| DIRECT VICTIM SERVICES | | | | |
| Number of Unique Victims Served | | | | |
| Assistance with Crime Victims' Compensation | | | | |
| Assistance with Texas SAVNS/VINE | | | | |
| Information and Referral | | | | |
| Assistance with Restitution | | | | |
| Assistance with Victim Impact Panels | | | | |
| Assistance with Victim Impact Statements | | | | |
| Criminal Justice Accompaniment | | | | |
| Crisis Intervention | | | | |
| Emergency Funds | | | | |
| Follow-up with Victim | | | | |
| Individual Counseling | | | | |
| Law Enforcement Accompaniment | | | | |
| Legal Assistance | | | | |
| Lodging | | | | |
| Medical Accompaniment | | | | |
| Other | | | | |
| Peer Support Services | | | | |
| Support Groups | | | | |
| Therapeutic Groups | | | | |
| Transportation | | | | |
| Victim Advocacy | | | | |
| VICTIM SERVICES TRAINING | | | | |
| Faith-Based Individuals Trained | | | | |
| Law Enforcement Individuals Trained | | | | |
| Medical Individuals Trained | | | | |
| Other Individuals Trained | | | | |
| Prosecution/Judicial Individuals Trained | | | | |
| School Faculty Individuals Trained | | | | |
| Volunteer Individuals Trained | | | | |
| Total Number of all Training Sessions | | | | |
| Total Number of all Individuals Trained | 0 | 0 | 0 | 0 |
| OUTREACH OR COMMUNITY EDUCATION | | | | |
| Outreach or Community Education Presentations | | | | |
| Outreach or Community Education Participants | | | | |
| Informational Fairs | | | | |
| Total Attendees at Informational Fairs | | | | |
| 25% of Total Attendees (auto-calculates) | 0 | 0 | 0 | 0 |
| Total Outreach or Community Ed Presentations | 0 | 0 | 0 | 0 |
| STRUCTURED EDUCATION | | | | |
| Structured Education Participants | | | | |
| Structured Education Presentations | | | | |

| 10. PERSONNEL & FRINGE | | | | | | | | | | | |
|------------------------|--------------------|---------------------------|--------------------------------|-----------------------|----------------------|---------------|---------------------------------------|--------------------------------|---|---------------------------------------|--------------------------------|
| Title of Position | Sched-uled to work | Sched-uled on this grant. | Direct Services on this grant. | Admin. on this grant. | Other on this grant. | Annual Salary | Total Salary Requested on this grant. | % Salary Funded by this grant. | Annual Fringe Benefits for the Position | Fringe Funds Requested on this grant. | % Fringe Funded by this grant. |
| FY 2016 | HOURS PER WEEK | | | | | SALARY | | | FRINGE | | |
| 1. | | 0 | | | | \$ - | \$ - | 0.00% | \$ - | \$ - | 0.00% |
| 2. | | 0 | | | | \$ - | \$ - | 0.00% | \$ - | \$ - | 0.00% |
| 3. | | 0 | | | | \$ - | \$ - | 0.00% | \$ - | \$ - | 0.00% |
| 4. | | 0 | | | | \$ - | \$ - | 0.00% | \$ - | \$ - | 0.00% |
| 5. | | 0 | | | | \$ - | \$ - | 0.00% | \$ - | \$ - | 0.00% |
| 6. | | 0 | | | | \$ - | \$ - | 0.00% | \$ - | \$ - | 0.00% |
| | | | | | | \$ - | \$ - | | \$ - | \$ - | |
| FY 2017 | HOURS PER WEEK | | | | | SALARY | | | FRINGE | | |
| 1. | | 0 | | | | \$ - | \$ - | 0.00% | \$ - | \$ - | 0.00% |
| 2. | | 0 | | | | \$ - | \$ - | 0.00% | \$ - | \$ - | 0.00% |
| 3. | | 0 | | | | \$ - | \$ - | 0.00% | \$ - | \$ - | 0.00% |
| 4. | | 0 | | | | \$ - | \$ - | 0.00% | \$ - | \$ - | 0.00% |
| 5. | | 0 | | | | \$ - | \$ - | 0.00% | \$ - | \$ - | 0.00% |
| 6. | | 0 | | | | \$ - | \$ - | 0.00% | \$ - | \$ - | 0.00% |
| | | | | | | \$ - | \$ - | | \$ - | \$ - | |

| 10.1 FY 2016 POSITION NARRATIVE | |
|---|--|
| Provide a justification, which relates to the project's goal. | |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |

| 10.2 FY 2017 POSITION NARRATIVE | |
|---|--|
| Provide a justification, which relates to the project's goal. | |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |

| 10.3 REQUEST FOR EXCEPTION TO OVAG REQUIREMENTS | |
|--|--|
| Indicate in the space provided below the reason and justification for why the Applicant is asking for the exception. | |
| | |

| 11. PROFESSIONAL & CONSULTANT SERVICES | | | | | | | | |
|--|---|-----------------------------|----------------------------|------|--|-----------------------------|----------------------------|------|
| Name of Professional/Company that Applicant will contract with to perform Professional & Consultant Services | Description of Professional & Consultant Services | No. of Days of Consultation | FY 2016 | | | FY 2017 | | |
| | | | Daily Rate of Compensation | Cost | | No. of Days of Consultation | Daily Rate of Compensation | Cost |
| 1 | | | \$ - | \$ - | | \$ - | \$ - | |
| 2 | | | \$ - | \$ - | | \$ - | \$ - | |
| 3 | | | \$ - | \$ - | | \$ - | \$ - | |
| 4 | | | \$ - | \$ - | | \$ - | \$ - | |
| 5 | | | \$ - | \$ - | | \$ - | \$ - | |
| 6 | | | \$ - | \$ - | | \$ - | \$ - | |
| | | | \$ - | \$ - | | \$ - | \$ - | |

| 11.1 FY 2016 PROFESSIONAL & CONSULTANT SERVICES NARRATIVE | |
|---|--|
| Provide a justification for Professional & Consultant Services which relates to the project's goal. | |
| | |

| 11.2 FY 2017 PROFESSIONAL & CONSULTANT SERVICES NARRATIVE | |
|---|--|
| Provide a justification for Professional & Consultant Services which relates to the project's goal. | |
| | |

| 12. TRAVEL | | | | | | | | |
|-------------------------------|--|--------------------|----------------------|---|----------------------------------|----------------------|---|----------------------------------|
| Travel Purpose | Positions: List all positions (separated by a comma) requested within travel type. | Expense Type | FY 2016 | | | FY 2017 | | |
| | | | Total Cost of Travel | % Requested by this OAG Grant | Cost Requested by this OAG Grant | Total Cost of Travel | % Requested by this OAG Grant | Cost Requested by this OAG Grant |
| OAG Sponsored Training | | | | | | | | |
| OAG Sponsored Training | | Airfare/Mileage | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | Hotel | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | Per diem | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | Car Rental/Shuttle | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | Parking | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | Misc./Hotel Tax | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | TOTAL | | | | \$ - | | |
| Additional Training | | | | | | | | |
| | | Airfare/Mileage | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | Hotel | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | Per diem | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | Car Rental/Shuttle | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | Parking | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | Misc./Hotel Tax | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | TOTAL | | | | \$ - | | |
| Additional Training | | | | | | | | |
| | | Airfare/Mileage | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | Hotel | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | Per diem | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | Car Rental/Shuttle | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | Parking | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | Misc./Hotel Tax | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | TOTAL | | | | \$ - | | |
| Additional Training | | | | | | | | |
| | | Airfare/Mileage | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | Hotel | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | Per diem | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | Car Rental/Shuttle | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | Parking | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | Misc./Hotel Tax | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | TOTAL | | | | \$ - | | |
| Additional Training | | | | | | | | |
| | | Airfare/Mileage | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | Hotel | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | Per diem | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | Car Rental/Shuttle | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | Parking | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | Misc./Hotel Tax | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | TOTAL | | | | \$ - | | |
| Additional Training | | | | | | | | |
| | | Airfare/Mileage | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | Hotel | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | Per diem | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | Car Rental/Shuttle | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | Parking | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | Misc./Hotel Tax | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | TOTAL | | | | \$ - | | |
| Local Travel | | | | | | | | |
| Travel Purpose | Positions: List all positions (separated by a comma) requested within travel type. | Expense Type | Number of Miles | Cost Per Mile Requested by this OAG Grant | Cost Requested by this OAG Grant | Number of Miles | Cost Per Mile Requested by this OAG Grant | Cost Requested by this OAG Grant |
| Local Travel (Mileage Only) | | Mileage | | \$ - | \$ - | | \$ - | \$ - |
| | | | | | \$ - | | | \$ - |

12.1 FY 2016 TRAVEL NARRATIVE
Provide a justification describing the travel staff members will perform. This should include the location to be traveled to, the number of trips planned, the title of the staff member who will be making the trips, and how the travel supports the goal of the grant.

12.2 FY 2017 TRAVEL NARRATIVE
Provide a justification describing the travel staff members will perform. This should include the location to be traveled to, the number of trips planned, the title of the staff member who will be making the trips, and how the travel supports the goal of the grant.

| 13. EQUIPMENT | | | | | | |
|---------------|-------------------------|-------------------------------|----------------------------------|-------------------------|-------------------------------|----------------------------------|
| Item | FY 2016 | | | FY 2017 | | |
| | Total Cost of Equipment | % Requested by this OAG Grant | Cost Requested by this OAG Grant | Total Cost of Equipment | % Requested by this OAG Grant | Cost Requested by this OAG Grant |
| | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | | \$ - | | | \$ - |

13.1 FY 2016 EQUIPMENT NARRATIVE
Provide a justification for Equipment which relates to the project's goal.

13.2 FY 2017 EQUIPMENT NARRATIVE
Provide a justification for Equipment which relates to the project's goal.

16. PROJECT SUMMARY

16.1 Complete the following statement, which may be used by the OAG to summarize or describe the project. "This project funds [number of staff] to serve victims by providing [types of] services in [geographic locations]."

17. TARGET POPULATION

| SPECIFIC VICTIMIZATIONS | | SPECIFIC POPULATIONS | |
|-------------------------------|--|----------------------------------|--|
| Adults Molested as Children | | African-American | |
| Assault | | Asian | |
| Child Abuse | | Elderly (65 and up) | |
| DUI/DWI | | Gay/Lesbian/Bisexual/Transgender | |
| Family Violence | | Hispanic | |
| Hate/Bias Crimes | | Persons with Disabilities | |
| Human Trafficking | | Rural | |
| Physical Abuse and/or Neglect | | Spanish-speaking | |
| Robbery | | Other | |
| Sexual Assault | | | |
| Survivors of Homicide Victims | | | |
| Other Victims of Crime | | | |

18. PROBLEM STATEMENT

18.1 Provide a brief description of the specific victim-related issue(s) this project is designed to address as it relates to the specific victimization types reported in 17. Target Population of Tab D - Project Summary.

19. SUPPORTING DATA

19.1 Provide data that supports the victim-related issue(s) and/or specific victimization types this project is designed to address. Cite research and/or data that is geographically relevant and specific to your service area.

20. PROJECT GOAL

20.1 Provide a project goal, which relates to your Problem Statement, that shows what the project plans to achieve over the next two years with these grant funds. The goal should be a "SMART" goal: Specific, Measurable, Achievable, Realistic and Timely.

21. OUTPUT ASSESSMENT AND EVALUATION

21.1 Describe the systems, including tools and/or processes, written policies and procedures, databases, tracking forms or quality control testing, which will be used to track and verify the project's outputs.

| 21.2 OUTPUTS SUMMARY | PROJECTED TARGET | |
|--|------------------|----------------|
| | FY 2016 | FY 2017 |
| DIRECT VICTIM SERVICES | | |
| Number of Unique Victims Served | 0 | 0 |
| Assistance with Crime Victims' Compensation | 0 | 0 |
| Assistance with Texas VINE | 0 | 0 |
| Information and Referral | 0 | 0 |
| Assistance with Restitution | 0 | 0 |
| Assistance with Victim Impact Panels | 0 | 0 |
| Assistance with Victim Impact Statements | 0 | 0 |
| Criminal Justice Accompaniment | 0 | 0 |
| Crisis Intervention | 0 | 0 |
| Emergency Funds | 0 | 0 |
| Follow-up with Victim | 0 | 0 |
| Individual Counseling | 0 | 0 |
| Law Enforcement Accompaniment | 0 | 0 |
| Legal Assistance | 0 | 0 |
| Lodging | 0 | 0 |
| Medical Accompaniment | 0 | 0 |
| Other | 0 | 0 |
| Peer Support Services | 0 | 0 |
| Support Groups | 0 | 0 |
| Therapeutic Groups | 0 | 0 |
| Transportation | 0 | 0 |
| Victim Advocacy | 0 | 0 |
| VICTIM SERVICES TRAINING | FY 2016 | FY 2017 |
| Faith-Based Individuals Trained | 0 | 0 |
| Law Enforcement Individuals Trained | 0 | 0 |
| Medical Individuals Trained | 0 | 0 |
| Other Individuals Trained | 0 | 0 |
| Prosecution/Judicial Individuals Trained | 0 | 0 |
| School Faculty Individuals Trained | 0 | 0 |
| Volunteer Individuals Trained | 0 | 0 |
| Total Number of all Training Sessions | 0 | 0 |
| Total Number of all Individuals Trained | 0 | 0 |
| OUTREACH OR COMMUNITY EDUCATION | FY 2016 | FY 2017 |
| Outreach or Community Education Presentations | 0 | 0 |
| Outreach or Community Education Participants | 0 | 0 |
| Informational Fairs | 0 | 0 |
| Total Attendees at Informational Fairs | 0 | 0 |
| 25% of Total Attendees (auto-calculates) | 0 | 0 |
| Total Outreach or Community Ed Presentations | 0 | 0 |
| STRUCTURED EDUCATION | FY 2016 | FY 2017 |
| Structured Education Participants | 0 | 0 |
| Structured Education Presentations | 0 | 0 |
| 21.3 PUBLIC AWARENESS CAMPAIGN (Statewide Applicants Only) | | |
| 21.3 Describe the types of public service campaign products and activities (Internet, press releases, press conferences, tv and radio, etc.) the applicant plans to provide in English and in other languages. | | |
| | | |

| 22. OUTCOMES | |
|--|------------------|
| SELECT ONLY TWO (2) OUTCOMES TO BE MEASURED BY YOUR PROJECT | |
| A. DIRECT SERVICE OUTCOMES | Outcome Target % |
| <input type="checkbox"/> Increase in knowledge of crime victims' rights. | |
| <input type="checkbox"/> Increase in knowledge of community resources and services. | |
| Direct Service Outcomes: Mark an "X" for the instrument you plan to use to measure the Outcome. | |
| Pre- and Post- Tests | |
| Staff Observations | |
| Surveys | |
| Other (Provide Name/Type of Instrument) | |
| B. PROFESSIONAL TRAINING OUTCOME | Outcome Target % |
| <input type="checkbox"/> Increase in knowledge of crime victims' rights. | |
| Professional Training Outcome: Mark an "X" for the instrument you plan to use to measure the Outcome. | |
| Pre- and Post- Tests | |
| Staff Observations | |
| Surveys | |
| Other (Provide Name/Type of Instrument) | |
| C. COMMUNITY EDUCATION OUTCOME | Outcome Target % |
| <input type="checkbox"/> Increase in knowledge of community resources and services. | |
| Community Education Outcome: Mark an "X" for the instrument you plan to use to measure the Outcome. | |
| Pre- and Post- Tests | |
| Staff Observations | |
| Surveys | |
| Other (Provide Name/Type of Instrument) | |
| D. CHILDREN'S ADVOCACY CENTERS (CAC) and COURT APPOINTED SPECIAL ADVOCATES (CASA) (CAC and CASA APPLICANTS ONLY) | Outcome Target % |
| <input type="checkbox"/> Reduction in trauma, crisis, stress and/or anxiety of child victim and/or protective family members. | |
| <input type="checkbox"/> Increase understanding/knowledge regarding criminal and civil justices system process in general and/or in regard to their specific case. | |
| CAC and CASA: Mark an "X" for the instrument you plan to use to measure the Outcome. | |
| Pre- and Post- Tests | |
| Staff Observations | |
| Surveys | |
| Other (Provide Name/Type of Instrument) | |

| |
|---|
| 23. DETAILED IMPLEMENTATION PLAN |
| 23.1 Describe this project's specific activities, which will be done over the next two years. |
| |
| 23.1 Continued: |
| |
| 23.1 Continued: |
| |

| |
|---|
| 23.2 Describe how these activities will help to reach the project's goal. |
|---|

| 24. COMMUNITY RESOURCES | Yes/No |
|---|--------|
| 24.1 Is collaboration with one or more outside organizations required to achieve specific project activities in the detailed implementation plan? | |
| 24.2 Do these collaborations currently exist? | |
| 24.3 Describe why these agreements are required. | |

| 25. SUSTAINABILITY PLAN |
|--|
| 25.1 Briefly describe what would happen to the proposed grant project in the event that the OAG grant funds are no longer available. |

| 27. BUDGET SUMMARY | | | | | |
|--|----------------|-----------|-------------------|-------------------|--------------------|
| PERSONNEL | | | | | |
| Description | % of Positions | Hrs./Week | FY 2016 Requested | FY 2017 Requested | Total Project Cost |
| | 0% | | \$ | \$ | \$ |
| | 0% | | \$ | \$ | \$ |
| | 0% | | \$ | \$ | \$ |
| | 0% | | \$ | \$ | \$ |
| | 0% | | \$ | \$ | \$ |
| | 0% | | \$ | \$ | \$ |
| Total FTEs | 0.00 | | | | |
| Personnel Total | | | \$ | \$ | \$ |
| FRINGE | | | | | |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| Fringe Total | | | \$ | \$ | \$ |
| PROFESSIONAL & CONSULTANT | | | | | |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| Professional & Consultant Total | | | \$ | \$ | \$ |
| TRAVEL | | | | | |
| OAG Sponsored Training | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| Local Travel (Mileage Only) | | | \$ | \$ | \$ |
| Travel Total | | | \$ | \$ | \$ |
| EQUIPMENT | | | | | |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| Equipment Total | | | \$ | \$ | \$ |
| SUPPLIES | | | | | |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| Supplies Total | | | \$ | \$ | \$ |
| OTHER DIRECT OPERATING EXPENSES | | | | | |
| OAG Sponsored Training Registration | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| Other Direct Operating Expenses Total | | | \$ | \$ | \$ |
| TOTAL BUDGET | | | \$ | \$ | \$ |